

EXHIBIT 4



Berkshire Life Insurance Company of America
 Home Office: 700 South Street, Pittsfield, MA 01201
 A wholly owned stock subsidiary of The Guardian
 Life Insurance Company of America, New York, NY

DECLARATION OF INSURABILITY

Proposed Insured: **Wairimu Waiyaki**

Policy Number: **74834040**

For the policy identified above, I represent that since the date of the earlier of the Application for Insurance: Part II – Health and Medical History, the Representations to the Medical Examiner Part 2, or the Application For Disability Insurance: Part I to Berkshire Life Insurance Company of America (the “Application”), I have **not**:

1. had a physical exam or checkup of any kind;
2. been diagnosed, treated, or tested positive by a member of the medical profession, counselor, or professional of the healing arts for any disease, illness, or injury;
3. received medical advice or counseling from any physician, medical or mental health professional, counselor, psychotherapist, chiropractor, or other practitioner;
4. been a patient in a hospital, clinic, or other medical or mental health facility;
5. had any change in occupation, job title, duties, employment, income, residence, military status, or tobacco or nicotine use;
6. applied nor am I eligible for other life, disability or accident insurance;
7. had a professional license suspended or revoked, nor have I been notified of any pending investigation or complaint concerning my professional license; or
8. filed for bankruptcy nor has any business I own or have owned filed for bankruptcy.

In addition to the above representations, I further represent that: 1) as of today's date, I am actively at work on a full time basis at least 30 hours per week performing the same duties and occupation(s) identified in the Application for Disability Insurance: Part I; and 2) there are no exceptions to the above representations other than as set forth below:

Exceptions:

This Declaration of Insurability does not require disclosure of medical, financial, occupational or other facts already provided by me, or about me, and which are stated in an amendment, or other form(s) attached to the policy or policies delivered to me. It is agreed that this Declaration: (1) shall be made part of the Application for the policy identified above; and (2) is made to induce Berkshire Life Insurance Company of America to deliver said policy to the owner.

Signed at City, State

GA

Today's Date (mm/dd/yyyy)

08-27-2021

Signature of Proposed Insured

e-Signed by Wairimu Waiyaki
on 08/27/2021

Instructions to the Producer: This policy must not be delivered if there are any exceptions noted above. If there are no exceptions to the above representations: 1) make sure that Proposed Insured signs and dates where indicated; 2) attach a completed copy to the policy; and 3) forward the original to the Home Office immediately with any other reporting requirements. Delivery of the policy must be withheld and the policy returned to the Home Office if: 1) there are any exceptions to the above representation; or 2) this form is not signed by the Proposed Insured.

